

EXHIBIT

A

**EVIDENCE COLLECTED:**

Mark all that apply:

FROM: ☒ Crime Scene ☐ Hospital ☐ OtherWITNESSES: Present During Domestic Violence: ☐ Yes ☒ NoCHILDREN: Present During Domestic Violence: ☐ Yes ☒ No

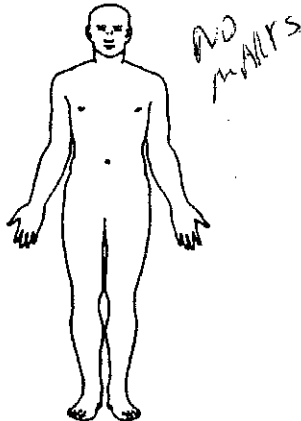
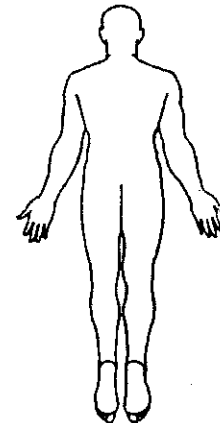
Give names, ages, DOB and emotional state of all witnesses/children present in Narrative

**STATEMENTS:**☐ Yes ☒ No☐ Yes ☒ NoFROM: ☒ Crime Scene ☐ Hospital ☐ OtherPHOTOS: ☒ Yes ☐ NoType: ☐ 35 mm ☒ Polaroid# of Photos: 02Photos of Victim's Injuries: ☐ Yes ☒ NoPhotos of Suspect's Injuries: ☐ Yes ☒ NoTAKEN BY: P. OVIDASTRETT; Badge No.: 74FROM: ☒ Crime Scene ☐ Hospital ☐ OtherWEAPONS: used during incident: ☐ Yes ☒ Nobooked: ☒ Yes ☐ Nobooked for safety: ☐ Yes ☒ No

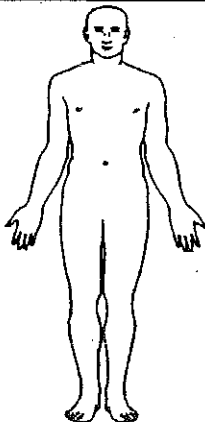
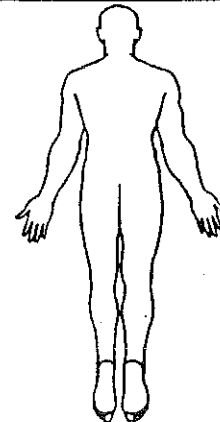
TYPE: \_\_\_\_\_

Use these diagrams to mark any injuries or physical oddities observed. Explain all injuries, including complained of injuries, in your narrative. (Diagrams are not gender specific.)

VICTIM/SUSPECT

HT. 5'09"  
WT. 165

VICTIM/SUSPECT

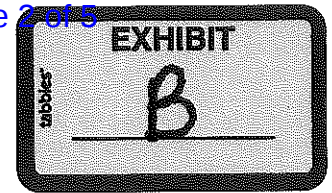
HT. \_\_\_\_\_  
WT. \_\_\_\_\_

TO ALL HEALTH CARE PROVIDERS: Having been advised of my right to refuse, I hereby consent to the release of my medical records to law enforcement, the County Prosecutor's Office, the D.A.'s Office, and/or the City Prosecutor's Office.

Victim's Signature [Signature]Date 04-16-05

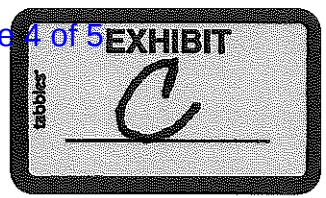
Witness's Signature \_\_\_\_\_

Date \_\_\_\_\_









# Harrison County Sheriff's Department

## Citizen Complaint Report

### Complaint Information

Name: FRANCIS A WINN Sex: F Race: C Age: 58  
 SSN: 428 88 7882 DOB: 1/8/1946  
 Address: 7448 Thompson Road Long Beach, MS 39560  
 Home Phone: 228 868-2446 Work Phone: SAME

### Complaint Type - check appropriate box(s)

- ☒ Improper Action      ☐ Arrest or Stop  
☐ Rudeness      ☒ Harassment  
☐ Driving      ☐ Poor Communications      ☐ Other  
☒ Unprofessional Action      ☒ Excessive Use of Force      (explain)

The Incident Date: 4/16/05 Time: 3:30 TO MIDNITE  
4/17/05 12 MIDNITE TO 830 AM

Location: HARRISON COUNTY JAIL FACILITY (HOLD CELLS)

### Officer(s) Employee(s) Involved: (Name, ID #)

1. 1 Female Dep 2ND Shift  
 2. 2 Male Dep 2ND Shift

### Summary of Incident: (additional space provided on back of form)

MADE TO STRIP IN FRONT ON MALE OFFICERS  
SHOWN TO FLOOR BY MALE DEP LOCKED IN  
HOLDING CELL WITHOUT LIGHTS, HARASSED  
INTIMIDATED BY BEING SCREAMED AT AND BY DEPUTY  
BEATING ON CELL DOOR THREATENED WITH BEING  
STRAPPED IN CHAIR, REFUSED MEDICAL TREATMENT  
Refused Release when BAIL BOND  
was presented.  
 List All Witness(s) name, address and phone number: THOMAS J WINN 7448 Thompson Rd Long Beach, MS 39560  
228 868-2446

I, Thomas J Winn for FRANCIS A WINN, do hereby affirm that the above allegations made by me in this citizen's complaint report, are to the best of my knowledge and belief, true and based on fact.

Supervisor Receiving Complaint

Thomas J Winn  
 Complainant's Signature  
for Francis A Winn

Date Received

# Citizen Complaint Report Supplement

MY WIFE WAS CONTINUOUSLY SCREAMED AT AND HARRASSED BY A FEMALE AND MALE DEPUTY WHILE I WAS PRESENT IN LOCKED HOLDING CELL. SHE WAS SCREAMED AND PUSHED TO THE FLOOR. SHE WAS STRIPPED OF HER CLOTHES AND PUSHED INTO A CELL WITH LIGHTS TURNED OFF. SHE THREATENED WITH NOT BEING RELEASED AND HELD AFTER BOND WAS POSTED TILL THE NEXT MORNING AFTER BEING SENT TO THE GENERAL JAIL AREA. THE DEPUTY FORCED ME (HER HUSBAND) TO BOND OUT AND DENIED HER BOND USE AND HELD UP MY BOND TO SHOW HER I WAS LEAVING AT THAT SHE HAD TO STAY TO THE MORNING OF THE NEXT DAY (SUNDAY MORNING)

SHE WAS HAVING MENTAL PROBLEMS AND NEEDED TO BE HOSPITALIZED NOT INCARCERATED

THE ABOVE ACTIONS WERE SAID TO BE A TYPE OF CONTROL TACTICS

IN REALITY THEY WERE VIOLATIONS OF HER CIVIL RIGHTS BY BRUTALITY

THE SHERIFF STATED THAT THE ABOVE BRUTALITY WAS WRITTEN FOR HER BY A CONTROL TACTIC

THOMAS J WIND JR

*Thomas J Wind Jr*

SHE WAS BONDED OUT UNABLE EXTREME MENTAL DETERIORATION AND LATER SENT TO HOSPITAL FOR HEART AND MENTAL EVALUATION